

Texas Division of Emergency Management  
Hazard Mitigation Grant Program (HMGP)  
Pre-Disaster Mitigation Program (PDM)  
Building Resilient Infrastructure and Communities Grant Program (BRIC)



## CERTIFICATE OF COMPLETION

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Subrecipient: Clay County

Grant Number: 4416-0037

Final Project Cost: \$576,696.68 (Project Costs); \$17,095.15 (SRMC)

FEMA Share (Authorized): \$346,700.00 (Project Costs); \$33,000.00 (SRMC)

FEMA Share Spent: \$294,289.87 (Project Costs); \$17,095.15 (SRMC)

Date of Project Completion: 08/23/2024

Subrecipient ID Number: 077-99077-00

## CERTIFICATION

I hereby certify that to the best of my knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions. All work claimed has been completed and all costs claimed have been paid in full.

Mike Eubank, County Judge  
Applicant's Authorized Representative

County Judge 12/23/2025  
Title Date



# TEXAS DIVISION OF EMERGENCY MANAGEMENT

## Applicant's Attestation for Duplication of Benefits

Applicant: Clay County

Disaster Number: DR-4416-0037

Program: Individual Safe Room Rebates

Please complete the below form in accordance with Section 312(a) of the Stafford Act, which states that Federal assistance cannot duplicate the benefits provided by other sources.

1. Is FEMA the only source of funds received for the project(s)? If "NO" is selected, please report any additional funding using the table below.

☐ YES ☒ NO

2. Did the Applicant take action to maximize any potential insurance proceeds available to fund the project(s)?

☐ YES ☐ NO ☒ N/A - NO COVERAGE

3. Have all insurance claims related to the project(s) been closed and/or settled? If "NO" is selected, please indicate the amount of "Anticipated Insurance Proceeds" in the table below.

☐ YES ☐ NO ☒ N/A - NO COVERAGE

4. Please use the table below to report any non-FEMA funds received or anticipated for the project(s):

PW #	Insurance Claims Received:	Anticipated Insurance Proceeds:	Grant Funds Received:	Contractor Credits or Refunds:	Disposition of Equipment:	Salvageable Materials:	Other Funds Received:	PW Total Non-FEMA Funds Received:
37	0	0	0	0	0	0	0	0

### Statement of Acknowledgement:

I certify that that the information provided is true and accurate to the best of my knowledge. I understand that if this information is incorrect, it could affect the federal funding for this project(s).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: Clay County